### FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

# DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new co2013-00-1 16 AM ID: 38 for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of	Organization)				
Belin McCormick, P.C.			FORM		
IMPORTANT: Indicate by # type of committee you are reporting for.  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (10) Local Ballot Issue		(F	DR-2 (Rev. 12/2009) DISCLOSURE REPORT  For Office Use Only Comm. # 21691		
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	So	ogged In		
Office Sought	District (if Senate or House)		ComputerAudited		
Late reports are subject to possible civil and criminal penalties candidate's committee, and the chairperson, for any other type	Pursuant to Iowa Code sections 68B.32A of committee, is the individual responsible	x(7) and 68/	A.401(3), the can	didate, for a	
ho & Rea					
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		Detobe-16 DATE SI	GNED	
I AM ELLING A. 10/19/2013	DEDON'T FOR ALL FLEATION				
I AM FILING A 10/19/2013 (report date)	Indicate by	# 1	ELECTION YEA	iK.	
CHECK IF AMENDMENT TO REPORT DATED	maicate by		mittees, enter Date	of Contra	
Check if this is final (termination) report and attach Noti (You must continue to file reports until a DR-3 is	ce of Dissolution Form DR-3.		ocal Committees.		
STATEMENT OF CASH ON HA	AND	PORTUGAR DE MAISTE	CHANGE OF THE OWNER, THE PARTY OF THE PARTY	Excellent and a second second second	
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	he cash on hand at the end	ç	0.00		
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Sc	nedule A) (*also see in-kind below)		6,500.00		
Schedule F: Loans Received total (Attach Sched					
Schedule H: Total Sales of Campaign Property (					
(Schedule H applies to Candidates' C					
	SUB-TOTAL				
SUBTRACT TOTAL MONEY SPENT THIS PER	IOD				
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans below).		6,500.00		
Schedule F: Loan Repayments total (Attach Sch	edule F)				
CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$	0.00		
*UNFAID BILLS (From Schedule D - Attach Schedule D)		S		With the Control of the Control	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Si	chedule E)	S	-		
*OUTSTANDING LOANS (From Schedule F - Attach Sch	edule F)				
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES N	10	
CANDIDATE COMMITTEES ONLY:			The second second		
ALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	S			
STATE COMMITTEES: Submit a reconciled campaign ac	count bank statement in January of eac	h vear			

### For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds

(Freeding candidate 3 personal rands)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
Belin McCormick, P.C.	

Reset Form

MONETARY

(Rev. 07/03)

RECEIPTS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
	ID#				THOOME
9/5/2013	CK#	Belin McCormick, P.C.		\$6,500.00	
	ID#				
	CK#				
	ID#				-
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The state of the same of the s			SUB-TOTAL		
			constants of the Contract	S	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

\$ 6,500.00

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
board.	CK THIS BOX IF NDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Belin McCormick, P.C.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/5/2013	ID# <sub>21686</sub> CK#62552	Public Safety for Polk County 2700 Grand Ave Suite 111 Des Moines, IA 50312		s 1,500.00
10/2/2013	ID# <sub>21686</sub> CK# <sub>62685</sub>	Public Safety for Polk County 2700 Grand Ave Suite 111 Des Moines, IA 50312		5,000.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
Accessed to the second	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 6,500.00

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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